



## Town of Mendon

### Board of Health

20 Main Street

Mendon, Massachusetts 01756

Telephone: (508) 634-2656 Fax: (508) 478-8241

E-mail address [boh@mendonma.gov](mailto:boh@mendonma.gov)

## Food Establishment Permit Application

(Applications must be submitted at least 30 days before the planned opening date)

### Establishment Information

Establishment Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Owner Information

Owning entity is a (n):     Corporation       Partnership       Association  
                                  Individual       Other entity

Name of owning entity: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Person Directly Responsible for Daily Operations:** \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**24-Hour Emergency Phone Number:** \_\_\_\_\_

### Type of Facility

Food Service (0 – 75 Seats)      \$100.00       Residential Kitchen      \$100.00

Food Service (76 Seats and Up)      \$200.00       Retail Food Only      \$75.00

Mobile Food Cart (Seasonal)      \$50.00       Caterer      \$50.00

Banquet Facility Hall      \$200.00       Non-Profit      \$100.00       House of Worship

**Dates and Hours of Operation**

Establishment operates year round

Establishment operates seasonal

Monday: \_\_\_\_\_ to \_\_\_\_\_

Tuesday: \_\_\_\_\_ to \_\_\_\_\_

Wednesday: \_\_\_\_\_ to \_\_\_\_\_

Thursday: \_\_\_\_\_ to \_\_\_\_\_

Friday: \_\_\_\_\_ to \_\_\_\_\_

Saturday: \_\_\_\_\_ to \_\_\_\_\_

Sunday: \_\_\_\_\_ to \_\_\_\_\_

**Mobile Food Units**

Attach Copy of Permit for Base of Operations

Attach listing of stops and times in Mendon

**Maintenance**

Potable Water Source:  Municipal Water

On-Site Well

(If on-site well please give DEP Public Water Supply Number) \_\_\_\_\_

Chemical Sanitizer used \_\_\_\_\_

Pest Control Company: \_\_\_\_\_

Rubbish Removal Company: \_\_\_\_\_

Solid Waste Disposal Company: \_\_\_\_\_

Grease Trap Maintenance Pumping Company: \_\_\_\_\_

(Grease Trap Maintenance Log to be presented to Health Agent at time of inspection)

**Certifications**

You Must Provide Copies of All certifications listed below.

Name (s) of Certified Food Managers: \_\_\_\_\_

\_\_\_\_\_

Allergen Awareness Training Certificate Holder (s): \_\_\_\_\_

\_\_\_\_\_

Anti-Choking Certification (s) (Establishments with 25 seats or more) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Food Operations**  
(check all that apply)

Definitions:

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PHF – potentially hazardous food (time/temperature controls required)

Non-PHF - non-potentially hazardous food (no time/temperature controls required)

RTE – ready-to-eat foods (ex. sandwiches, salad, muffins which need no further processing)

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- Sale of Commercially Pre-packaged Non-PHFs
  - Sale of Commercially Pre-packaged PHFs
  - Preparation of Non-PHFs
  - Reheats commercially processed foods for service within 4 hours
  - Customer self-service of Non-PHF and Non-Perishable Foods Only
  - Delivery of Package PHFs
  - PHFs Cooked to Order
  - Preparation of PHFs for Hot and Cold Holding for Single Meal Service
  - Sale of Raw Animal Foods Intended to be prepared by Consumer
  - Customer Self-Service
  - Ice Manufactured and Packaged for Retail Sale
  - Juice Manufactured and Package for Retail Sales
  - Offers RTE PHF in Bulk Quantities
  - Retail Sale of Salvage, Out-of-Date or Reconditioned Food
  - Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service
  - Vacuum Packaging/Cook Chill
  - Use of Process Requiring a Variance and/or HACCP Plan
  - Offers Raw or Under Cooked Food of Animal Origin
  - Prepares Food/Single Meals for Catered Events or Institutional Food Service
  - Other (Describe) \_\_\_\_\_
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**Signatory Section**

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.00 and all other applicable laws.

I, as applicant, assure agents of the Board of Health access to the licensed/permitted facility and applicable records at all reasonable times to inspect the premises for purposes of investigating communicable diseases, investigating into complaints and otherwise protecting public health. **Also as reminder to keep tags and labels with containers of live molluscan shellfish.**

I have been instructed by the Board of Health on how to obtain copies of the 105 CMR 590.00 and the Federal Food Code.

Pursuant to M. G. L. Ch. 62C, sec. 49A, I certify under penalty of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state and local taxes required by law.

Social Security Number OR Federal ID Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Copies of 105 CMR 590.00 and the Federal Food Code can be obtained at the State House Book Store, Boston, MA (Telephone Number: (617) 727-2834) Website:

<http://www.mass.gov/eohhs/docs/dph/regs/105cmr590.pdf>

<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm374275.htm>

Incomplete applications will be returned, resulting in delay of receipt of permit.  
Applications are not transferable for any reason.

**EXPIRATION DATE: December 31 of each year.**

Please make checks payable to:

**Town of Mendon**

Mail to:

Town of Mendon  
Board of Health  
20 Main Street  
Mendon, MA 01756